**CLIENT REFERRAL FORM**

**Application for Support**

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| **Liberty Project** provides holistic recovery support to women aged 18+ involved in opportunistic and survival sex work in **Stockton and Middlesbrough**.The **Adult Sexual Exploitation Partnership (ASEP - formally STAGE)** provides holistic recovery support to women aged 18+ who have been sexually exploited or groomed across **Cleveland**. |

Using the table below, please tick to indicate which service and type of support the client requires. This short referral requests the initial information we require to allocate a Project Worker to the client. Consent **must** be obtained from the client for the referral and to use the safe contact details provided to move forward with the support requested. Further information and full history will be obtained during the client’s initial meeting with their allocated Project Worker.

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| --- | --- |
| **Liberty Project – 1:1 support** |  |
| **Adult Sexual Exploitation Partnership (ASEP – formally STAGE) – 1:1 support** |  |

|  |  |
| --- | --- |
| **Date of referral** |  |

|  |
| --- |
| **Client Details** |
| Full Name |  |  |
| Date of Birth |  |  |
| Contact Telephone Number |  | Safe to use? |
| Email Address |  | Safe to use? |
| Contact Address |  | Safe to use? |

**Address Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Care of address? |  | On street homeless? |  | Sofa-surfing/staying with a friend temporarily? |  |

**Key information relating to this referral**

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| Use this space to note key challenges faced by the client, and any other important information relevant to this referral. |

**Client Consent**

Does the client consent to this referral? Y/N

Does the client consent to contact using the details marked as safe to use on this form? Y/N

Does the client consent to A Way Out holding their details in a secure database which complies with GDPR and the Data Protection Act? Y/N

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| --- |
| **Referrer Details** |
| Full Name |  |
| Job Title |  |
| Agency and Contact Address |  |
| Contact Telephone Number |  |
| Email address |  |

**Risk Posed by Client (to self or others)**

Below is how we would define the risk posed by a client. This must be informed by evidence, the client’s history and current circumstances, and not based solely on personal opinion or feeling.

**Low**: No significant/current indicators of risk of harm.

**Medium:** There are identifiable indicators of risk of harm. The offender has the potential to cause harm but is unlikely to do so unless there is a change in circumstances, for example, failure to take medicine, loss of accommodation, relationship breakdown, drug or alcohol misuse.

**High:** There are identifiable indicators of risk of harm. The potential event could happen at any time and the impact would be serious.

**Very high:** There is an imminent risk of serious harm. The potential event is more likely than not to happen imminently, and the impact would be serious.

As indicated by the four levels, no one is considered ‘no’ risk and so the lowest assessment of risk of serious harm is to be a low risk.

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| --- | --- | --- | --- | --- | --- |
| **Level of Risk** | **Self** | **Staff** | **A Known Adult** **(please state who & the nature of the relationship)** | **Child(ren)** | **The public** |
| **Low** |  |  |  |  |  |
| **Medium** |  |  |  |  |  |
| **High** |  |  |  |  |  |
| **Very High** |  |  |  |  |  |

**Please return this form to** **horizon.referrals@awayout.co.uk**